

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597636

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		(1)				
7	1	1				
8	1					
9		(1)				
10	1					
11	1					
12	1					
13		1				
14		2				
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
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50						
TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	12	←	13	←		←
TOTAL CLAIMS	18		17			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						